

TOWN of HIGHLAND
REQUEST for ACCESS to and DISCLOSURE of PUBLIC RECORDS

By completing this form, you are helping in the administration of the Access to Public Records Act (I.C. 5-14-3 et seq.).

Name: _____ Phone: (____) _____

Address _____ City/Town _____ State: _____ Zip _____

Date of Request: _____ Time of Request: _____

Please identify with reasonable particularity the record(s) being requested.

Please check the appropriate box:

This is a request for..... ☐ you to allow me to inspect the record(s).

☐ you to provide me with a copy or copies of the record(s) according to the schedule of fees passed and adopted by Ordinance No. 1151 of the Town of Highland and codified as Highland Municipality Code § 34.09. I understand that the payment of fees must be paid before the record may be copied. (*Comprehensive Fee schedule will be provided if requested*)

If request is presented in person, the Town of Highland has 24 hours to respond. If the request is presented by facsimile transmission or by mail, then the Town of Highland has 7 days to respond. A response may include acknowledging the request and providing (1) the document(s) sought or (2) indicating a reasonable time for locating the document(s) sought or (3) indicating that the document(s) sought do not exist.

Single Sided Documents (If 8.5" x 11") 10¢ for first page; and 10¢ for each additional page.

Duplex (Dual Sided) Documents (If 8.5" x 11") 11¢ for first page; and 11¢ for each additional page.

Applicant is requested NOT to write below this line

Date and Time request was received: _____ / _____

Name of person receiving request: _____

Disposition of request: _____

of pages _____ at 10¢ = _____

Request No. _____ / _____

of pages _____ at 11¢ = _____

Total Due _____